

ICE RECEIPT
COMPLAINT NUMBER WCI-2023-13260
*** * * ICRS CONFIDENTIAL * * ***

To: ANDERSON, JOHN M. - #91384
UNIT: _N-_D -- _D30-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	09/05/2023
Date Complaint Received:	09/05/2023
Subject of Complaint:	4 - Medical
Brief Summary:	complains he is not being seen for eye pain

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

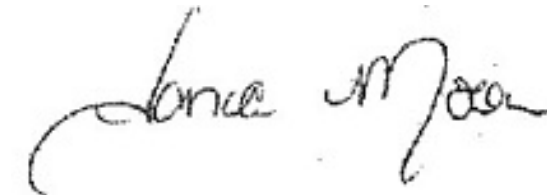
Please write to the ICE if this issue is resolved before you receive an answer.

ICE REPORT
COMPLAINT NUMBER WCI-2023-13260
***** ICRS CONFIDENTIAL *****

To: ANDERSON, JOHN M. - #91384
UNIT: _N-_D -- _D30-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	09/05/2023	Inmate Contacted?	No
Date Complaint Received:	09/05/2023		
Subject of Complaint:	4 - Medical		
Document(s) Relied Upon:	DOC 310 HSU record		
Brief Summary:	complaints he is not being seen for eye pain		
Summary of Facts:	<p>TM Inmate complains he is not being seen for eye pain.</p> <p>AHSM Haseleu was contacted and stated, "Mr. Anderson' eye concerns have been addressed at WCI and with an offsite provider. He was put on the list for optical the last time she was here (10/10/23), but for some reason he was not able to come to HSU that day. I think there was some construction in the cell hall that canceled the passes. He will remain on their list."</p> <p>His issue has been addressed at HSU and he is currently on the optical list. The ICE brings no particular expertise to the task of evaluating any diagnosis and course of treatment initiated by medical professionals. No determination can be made with respect to the claims in the complaint, as it is arguably beyond my authority. It does not appear his health care concerns are being ignored. Inmate is reminded that complete cooperation with HSU staff will produce the most positive result from every visit. Recommendation is made to dismiss the complaint. Through the ICRS process, the matter will be reviewed by the Health Services Nursing Coordinator.</p>		
ICE Recommendation:	Dismissed		
Recommendation Date:	10/31/2023		



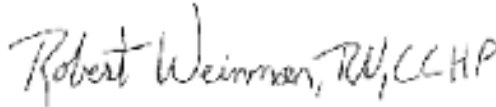
T. Moon - Institution Complaint Examiner

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER WCI-2023-13260
***** ICRS CONFIDENTIAL *****

To: ANDERSON, JOHN M. - #91384
UNIT: _N-_D -- _D30-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	09/05/2023
Date Complaint Received:	09/05/2023
Subject of Complaint:	4 - Medical
Brief Summary:	complains he is not being seen for eye pain
ICE's Recommendation:	Dismissed
Reviewer's Decision:	Dismissed
Reason(s) for Decision:	The patient will be seen next time optical is in house at WCI. The patient has been seen for this issue previously. The patient is encouraged to contact HSU as needed for further health concerns.
Decision Date:	11/13/2023



R. Weinman - Reviewing Authority

CC:

Distributed via email
Haseleu, A

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).

CCE RECEIPT
COMPLAINT NUMBER WCI-2023-13260
***** ICRS CONFIDENTIAL *****

To: ANDERSON, JOHN M. - #91384
UNIT: _N-_D -- _D30-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Appeal Acknowledged:	11/16/2023
Date Appeal Received:	11/16/2023
Subject of Complaint:	4 - Medical
Brief Summary:	complains he is not being seen for eye pain

Your request for review has been received.

The Corrections Complaint Examiner (CCE) has 35 days to submit a recommendation to the Office of the Secretary (OOS) for Review. The OOS has 45 days to make a decision after receiving the CCE's report. The OOS may extend the time for making a decision for cause and upon notice to all interested parties.

If you do not receive a decision or other notices within that time, you may write directly to:

Secretary of the Department of Corrections
Post Office Box 7925
Madison, WI 53707-7925

CCE REPORT
COMPLAINT NUMBER WCI-2023-13260
***** ICRS CONFIDENTIAL *****

To: ANDERSON, JOHN M. - #91384
UNIT: _N-_D -- _D30-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Appeal Acknowledged:	11/16/2023	
Date Appeal Received:	11/16/2023	
Subject of Complaint:	4 - Medical	
Brief Summary:	complains he is not being seen for eye pain	
Method of Disposition:	Review on Record? <input checked="" type="checkbox"/> Yes	Investigation? <input checked="" type="checkbox"/> No
Person(s) Contacted:	Nursing Coordinator	
CCE's Recommendation:	Dismissed	
	Anderson has been seen frequently by HSU and has refused care multiple times. As noted, he will be seen by optical. Dismissal is recommended.	
Recommendation Date:	11/21/2023	



B. Hompe - Corrections Complaint Examiner

OFFICE OF SECRETARY DECISION
COMPLAINT NUMBER WCI-2023-13260
***** ICRS CONFIDENTIAL *****

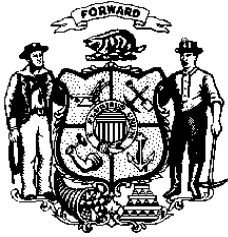
To: ANDERSON, JOHN M. - #91384
UNIT: _N-_D -- _D30-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Appeal Acknowledged:	11/16/2023
Date Appeal Received:	11/16/2023
Subject of Complaint:	4 - Medical
Brief Summary:	complains he is not being seen for eye pain
OOS Decision:	Dismissed
Decision Comments:	The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 11/21/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is accepted as the decision of the Secretary.
Decision Date:	12/07/2023



C. O'Donnell - Office of the Secretary



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Complaint Information:

Date Complaint Acknowledged: September 05, 2023

Date Complaint Received: September 05, 2023

Subject of Complaint: 4 - Medical

Brief Summary: complains he is not being seen for eye pain

ICE Recommendation Information: (Signed on 10/31/23 1:35:17PM):

Document(s) Relied Upon: DOC 310
HSU record

ICE's Summary of Facts: TM Inmate complains he is not being seen for eye pain.

AHSM Haseleu was contacted and stated, "Mr. Anderson' eye concerns have been addressed at WCI and with an offsite provider. He was put on the list for optical the last time she was here (10/10/23), but for some reason he was not able to come to HSU that day. I think there was some construction in the cell hall that canceled the passes. He will remain on their list."

His issue has been addressed at HSU and he is currently on the optical list. The ICE brings no particular expertise to the task of evaluating any diagnosis and course of treatment initiated by medical professionals. No determination can be made with respect to the claims in the complaint, as it is arguably beyond my authority. It does not appear his health care concerns are being ignored. Inmate is reminded that complete cooperation with HSU staff will produce the most positive result from every visit. Recommendation is made to dismiss the complaint. Through the ICRS process, the matter will be reviewed by the Health Services Nursing Coordinator.

ICE's Recommendation: Dismissed

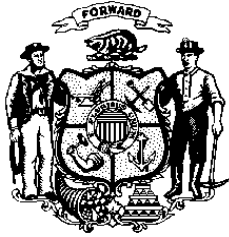
ICE's Recommendation Date: October 31, 2023

RA's Decision Information: (Signed on 11/13/23 8:55:31AM):

RA's Reason: The patient will be seen next time optical is in house at WCI. The patient has been seen for this issue previously. The patient is encouraged to contact HSU as needed for further health concerns.

RA's Decision: Dismissed

RA's Decision Date: November 13, 2023



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Appeal to CCE Information:

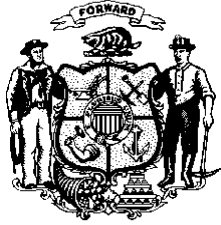
Date Appeal Acknowledged: November 16, 2023
Date Appeal Received: November 16, 2023

CCE's Recommendation Information: (Signed on 11/21/23 1:26:54PM):

Person(s) Contacted: Nursing Coordinator
CCE's Summary: Anderson has been seen frequently by HSU and has refused care multiple times. As noted, he will be seen by optical. Dismissal is recommended.
CCE's Recommendation: Dismissed
CCE's Recommendation Date: November 21, 2023

OOS' Decision Information: (Signed on 12/7/23 4:49:52PM):

OOS' Summary: The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 11/21/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is accepted as the decision of the Secretary.
OOS' Decision: Dismissed
OOS' Decision Date: December 07, 2023



State of Wisconsin
Department of Corrections
DISTRIBUTION ITEMS
for COMPLAINT NUMBER WCI-2023-13260

Item	Create Date	Created By	Sent To	Inmate ID	Print Date	Printed By
ICE Receipt	09/05/2023 12:53:51PM	Tonia Moon	WCI	91384	09/06/2023 8:34:48AM	Tonia Moon
ICE Report	11/13/2023 8:55:31AM	Robert Weinman	WCI	91384	11/13/2023 1:04:38PM	Tonia Moon
RA Report	11/13/2023 8:55:31AM	Robert Weinman	WCI	91384	11/13/2023 1:04:39PM	Tonia Moon
CCE Receipt	11/16/2023 11:07:09AM	Matthew Greenwood	WCI	91384	11/16/2023 1:25:57PM	Brian Kolb
CCE Report	12/07/2023 4:49:52PM	Cindy O'Donnell	WCI	91384	12/11/2023 8:20:14AM	Tonia Moon
OOS Report	12/07/2023 4:49:52PM	Cindy O'Donnell	WCI	91384	12/11/2023 8:20:14AM	Tonia Moon

INMATE COMPLAINT

OFFICE USE ONLY

DATE RECEIVED

SEP 05 2023

COMPLAINT CODE

04

COMPLAINT FILE NUMBER

WCI 2023 13260

INSTRUCTIONS FOR INMATE:

- Complete **ALL** sections of this form
- You **MUST** use a DOC-400B, if additional space is needed.
- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.

INMATE NAME

John Anderson

DOC NUMBER

91384

HOUSING UNIT

NCH
D-30

FACILITY

WCI

LOCATION OF INCIDENT

WCI HSC

DATE OF INCIDENT

8-23-23

TIME OF INCIDENT

unknown

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

Briefly state who or what is the **ONE** issue, of this complaint. What remedial action are you requesting?

~~the~~ Jenna Willard (nurse) Dr. Kuffekum Health service manager. Ashley Hruskan.
AKA. Jane Doe. ~~for~~ Lack OF medical care FOR EYES. get me to
an optical doctor AND FOR Fire Therapy.

With whom did you attempt to resolve your **ONE** issue, and what was the result of this attempt, prior to submitting this complaint? Send any documentation you have, that supports your attempt to resolve your claims.

contacted Health service unit manager ashley H. one numerous
Health service requests complaints. 8-23-23. All to NO result. had
contacted Willard told me no optical is here do to Lockdown
contacted Dr. Kuffekum. All to NO result. Enclosed is proof contact to Ashley.

What are the details surrounding this complaint?

I am Having extreme pain. And Vision decrease. And I have been
writing all the above Health care staff. But nothing is been done
at all. And I cannot tolerate this kind of pain in
my EYES. I have been Complaining now for at least
months. about this. But nothing has been done though
I was seen by a nurse on or about. 8-30-23
Nothing still has been. And it has been at least three
months OF pain suffering now from my complaining to
HSC. my EYES are hurting very badly. I keep stressing this
is causing me intolerable pain & vision loss. But all to no
Actual only medicine visits by Nurses that is all.

SIGNATURE OF INMATE

John Anderson

DATE SIGNED

9-2-23

DISTRIBUTION: Original - ICTS

ICE
BCK

INSTRUCTIONS

3-0 person 76
tional I The department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission. A complaint will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue.

A complaint must contain sufficient information for the department to investigate and decide the complaint.

An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

DISTRIBUTION: Original – ICTS

Van Stippen, RN, Jodi A - 8/30/2023 9:34 CDT

Nursing Protocols v.2.copay

Apply Copay Charge?: No

Nursing Interventions and Actions: PIOC reported that he has intense continuous throbbing pain in both eyes with noticeable loss of vision. PIOC reports that he had seen the ophthalmologist about a year ago and had no new problems at that time. PIOC stated that he is now seeing dark spots that do not remain consistent and had pain and pressure. PIOC reports a 9/10 on the pain scale. PIOC also reports concerns regarding a rash that is present on the center of his back as well as in groin area. PIOC's back was seen and appeared to be an area of hyperpigmentation and dryness. PIOC reports that the rash itchy. PIOC also mentioned concerns regarding shoulder pain that has been present for 3 years since he received a flu shot. This issue has been addressed on multiple occasions but PIOC was inquiring about the order that was placed in June for an injection in the effected shoulder. Writer informed PIOC that provider would be consulted for a few of his issues and this would be discussed. Writer agreed to send ice for his shoulder and cream for the rash. PIOC in agreement with current POC.

Van Stippen, RN, Jodi A - 8/30/2023 10:11 CDT

Result type:	Nurse Sick Call - Text
Result date:	August 30, 2023 9:14 CDT
Result status:	Auth (Verified)
Result title:	Nurse Sick Call/Nurse Assessment

Final Report

Patient submitted a health service request for offsite care for his eyes. During his recent examination it was apparent that he should be wearing a bifocal to correct his distance and near vision. A subjective refraction was performed which significantly improved his visual acuity. It is likely that his reported eye pain can be resolved with consistent use of prescription glasses. There is no reason for an offsite appointment until he has worn the glasses that have been specifically prescribed for him with an appropriate bifocal height. The prescription in his friend's glasses is not relevant to this assessment as each pair of glasses is fabricated according to the individual patient. Mr. Anderson has been advised that additional testing is not necessary or appropriate until he has followed the guidance of his physician.

Signature Line

Electronically Signed on 04/06/22 02:01 PM

South, Bethany OD

South, OD, Bethany A - 2/17/2022 11:28 CST

Plan

Ophth Plan: 2/17/22 I strongly recommend a bifocal. Eye pain is likely caused by strain due to uncorrected hyperopia/presbyopia. Pt declined state glasses and was given a copy of his SRx

Patient returned to the office later in the day stating that he tried on a friend's glasses and they didn't work so he questions my recommendation for glasses. He requested a second opinion. I advised him that that would not be appropriate until he has worn glasses that were made with his specific measurements. He stated, "I'll GET that second opinion" and left the exam room.

South, OD, Bethany A - 2/17/2022 14:41 CST

2/17/22 I strongly recommend a bifocal. Eye pain is likely caused by strain due to uncorrected hyperopia/presbyopia. Pt declined

Plan

Ophth Plan: 2/17/22 I strongly recommend a bifocal. Eye pain is likely caused by strain due to uncorrected hyperopia/presbyopia. Pt declined state glasses and was given a copy of his SRx

Patient returned to the office later in the day stating that he tried on a friend's glasses and they didn't work so he questions my recommendation for glasses. He requested a second opinion. I advised him that that would not be appropriate until he has worn glasses that were made with his specific measurements. He stated, "I'll GET that second opinion" and left the exam room.

7/22/22 No "bump" present on either eye. He has a conjunctival nevus temporally OS. Eye pain due to dry eye. Begin PF AT qid. Warm compress and massage daily. Order bifocal. Advised pt to exercise caution when going down stairs/stepping off curbs etc.

South, OD, Bethany A - 7/22/2022 11:19 CDT

Frame

Final Report

Today I received an information request from PIOC John Anderson #91384. He states that I "didn't have to lie." He states that "you got my sclera marked clear when there is brown spot." After review of the notes from his exam I found the nevus was properly recorded under the heading "bulbar conjunctiva", which is where the nevus is located. The patient was appropriately educated during his exam and he expressed understanding of this condition. Bifocals were ordered that day. This information request is the first time he has reported to me that he is having difficulties since he received his glasses. He has been scheduled for a follow up to address these concerns.

Signature Line
Electronically Signed on 09/15/22 12:01 PM

South, Bethany OD

DATE: 02/02/2023

HISTORY OF PRESENT ILLNESS: John is a 61-year-old prison inmate that comes in today for evaluation of chronic intermittent pain in his left eye. He said that this has been going on intermittently since 2019. At around the same time, he noted a pigmented spot on the temporal aspect of his left eye; he thinks this might be the source of the pain. He also thinks that the area has gotten bigger in size. He had his eyes evaluated at Waupun Correctional Institute late last year. He was found to have a dry eye syndrome and conjunctival melanosis. He has been using artificial tears periodically. He does feel that they provide relief. Dr. Bethany South at WCI had recommended a second opinion. He apparently was prescribed glasses but had problems with adaptation. He denies any prior history of trauma.

IMPRESSION:

1. History of pain in and around the left eye. There was no obvious explanation for this. There was no evidence of strabismus nor binocularity problems. The dilated fundus examination was unremarkable. The optic nerves are flat with good color. There is moderate cupping, slightly greater left eye than right eye.
2. Conjunctival melanosis, both eyes.
3. History of dry eyes.

PLAN: I discussed the above findings with John in detail. I did not see any obvious explanation for his history of intermittent left eye pain. I mentioned that conjunctival pigmentation is not unusual for an African-American. He has requested another opinion from an eye specialist. We will try to make arrangements for him to be seen either at the University Clinics in Madison or at the Eye Institute at Froedtert. He can continue to use artificial tears if they are helpful. I discussed dilation side effects.

Please will somebody help my EYES are ~~in pain~~ very bad
INMATE COMPLAINT APPEAL ~~intolerable~~ Emergency
Please

INSTRUCTIONS: COMPLETE ALL SECTIONS OF FORM.

- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.
- Rejected complaints can only be appealed to the appropriate Reviewing Authority. Their decision is final.
- Submitted documentation will not be returned.
- You must use a DOC-400B if additional space is needed.
- Keep the copy of this request for your records and send the original, in a sealed envelope via US Mail, to:

CORRECTIONS COMPLAINT EXAMINER
DEPARTMENT OF CORRECTIONS
PO BOX 7925
MADISON, WI 53707-7925

NOV 16 2023

INMATE NAME	DOC NUMBER	FACILITY	DOC COMPLAINT FILE NUMBER
John M. Anderson	91384	WCI	WCI-2023-13260

STATE BRIEFLY WHY YOU ARE NOT SATISFIED WITH THE ACTION OF THE APPROPRIATE REVIEWING AUTHORITY.

RA-
The ICE Report is incorrect. I have been reporting EXTREME WORSE
EYE PAIN LOSS OF VISION, Seeing dark spots. SINCE March 2023.
I have not been seen SINCE reporting this in March 2023. I was
told by HSC staff Nurse Hilland that I am not able to see optical
because of the Lock down. Signed by Nurse Jenna Hilland.
I have put in over Numerous HSC Requests informing HSC staff that
my EYES are intolerable pain, vision loss, . And that I need to be
seen on Emergency. But all has been to wait to date.
I have not been able to see optical or off-site DR SINCE
reporting worse EYE problems SINCE March 2023. I can barely
see words. And I have not been seen yet. I have
been told I was on optical list SINCE March 2023.
But still to date all to NO avail. The issue is SINCE
March 2023. The worsening EYE problems ever to date.

SIGNATURE OF INMATE

John Anderson

DATE SIGNED

11-13-23

DISTRIBUTION: Original - ICTS; Official Record - ICTS

This ICE needs to be AFFIRMED.

Mailed on 11-13-23
JA

INSTRUCTIONS

DOC 310.09 Filing of complaint appeal.

- (1) Appeals shall meet all of the following requirements:
 - (a) Be submitted on a form provided by the department.
 - (b) Be legibly handwritten or typed.
 - (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
 - (d) Include the inmate's original signature.
 - (e) Not exceed 500 words total and not exceed two pages.
 - (f) Provide relevant supporting documentation, which may be accepted at the discretion of the CCE.
 - (g) Be limited to the issue raised in the original complaint.
- (2) An appeal will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:
 - (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
 - (b) A foreign substance.

DOC 310.12 Review by Corrections Complaint Examiner (CCE).

- (1) An inmate may appeal the reviewing authority decision within 14 days after the date of the decision by filing a typed or legibly printed request for review with the CCE on forms supplied for that purpose. The institution shall make these forms accessible to inmates.
- (2) The CCE may accept, return, or recommend rejection of an appeal or complaint.
- (3) The CCE will only address issues raised in the original complaint.
- (4) The CCE shall return an appeal if any of the following apply:
 - (a) An original complaint has not been filed except as provided under s. DOC 310.09.
 - (b) The complaint has been rejected.
 - (c) The appeal is premature.
 - (d) The appeal does not list the complaint file number or contains more than one complaint file number.
 - (e) The appeal does not meet the criteria listed under s. DOC 310.10.
- (5) The CCE may recommend rejection of an appeal not filed in accordance with s. DOC 310.09.

DOC 310.13 Secretary's decision.

- (1) The secretary shall make a decision within 45 days following receipt of the CCE's recommendation. The secretary may extend the time for making a decision for good cause with notice provided to the inmate.
- (2) The secretary shall affirm or dismiss the CCE's recommendation, in whole or in part, or return the appeal to the CCE for further investigation.
- (3) The secretary's decision is final.
- (4) If the inmate does not receive the secretary's written decision within 90 days of the date of receipt of the appeal in the CCE's office, the inmate shall consider the administrative remedies to be exhausted, unless the time has been extended under sub. (1).

DISTRIBUTION: Original – ICTS; Official Record – ICTS

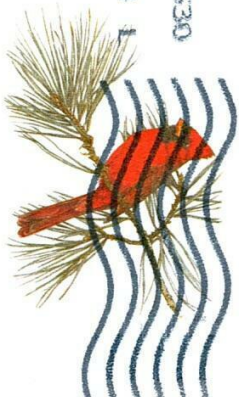
Name John M Anderson
Number 91384
Waupun Correctional Institution
PO Box 189
Phoenix, Maryland 21131

NOV 16 2023

Collections Complaint Examiner
Department of Collections
Box 7925
MADISON, WI 53707-7925

MILWAUKEE WI 530
14 NOV 2023 PM 4 L

FOREVER / USA



53707-792525



THIS LETTER HAS BEEN MAILED FROM
THE WISCONSIN PRISON SYSTEM



THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT 

© USPS 2022

2-Mar Referred request to optical. Patient noted to have seen offsite specialist which could not find anyt
 3-Mar RN Appointment scheduled
 6-Mar RN Appointment Scheduled
7-Mar RN Appointment attempted. Patient to be seen for eye and other issues. Patient refused appoin
 10-Mar Letter from Dr.South, Optometrist. Letter tells patient the offsite provider to not recommend anyt
 13-Mar Patient writes letter accusing Dr. South of lying.
 15-Mar RN directs patient to ACP letter in regards to eye issues.
 19-Mar RN sick call two times
 20-Mar RN sick call three times
 21-Mar RN sick call
 23-Mar RN sick call
 11-Apr RN Sick call
 12-Apr RN sick call
 19-Apr Letter to Dr. South. Wants glasses replaced. No mention of eye pain in anyway.
 26-Apr RN Sick call
 1-May Letter to HSU. Forwarded to optical provider for review.
11-May RN appointment to issue new glasses patient has been requesting.
16-Jun ACP Appointment. Patient did not bring up Eye issues at any time with provider.
 28-Jun Reports eye issues. Note saw provider recently before this with no mention of eye issues.
 3-Jul Note to Optometrist that patient is complaining of eye pain. Normal assessment noted. Message s
 6-Jul RN Appointment scheduled
 9-Jul RN Education given. Noted that optometrist has been updated with no new orders as offsite speci
 11-Jul Scheduled to be seen with RN
25-Jul RN Sick call. Patient refused assessment.
 28-Jul RN Sick call
 2-Aug RN Appointment. Education from AHSM that issues are documented and the optometrist has bee
7-Aug RN Appointment, eye issues with chest pain. Patient refused appointment.
 15-Aug Referred to RN appointment
 17-Aug Referred to RN appointment
 30-Aug RN Sick call. No new issues noted. Patient reports pain in eye. Provider updated.
 4-Sep AHSM educated patient on appointment is ordered for him to see optical.
 8-Sep RN responds that patient has an appointment ordered to see his provider.
 13-Sep RN responds that patient has an appointment ordered to see his provider.
 14-Sep RN sick call, patient became behavioral and appointment was ended
 26-Sep RN sick call. Nursing protocol medications ordered. Educated patient he has appointment coming
 28-Sep Refereed HSR to optical provider
 11-Oct RN appointment. Patient refused.
 12-Oct RN responded that she will try and get his appointment for optometry moved up.
 16-Nov RN Sick call. Provider updated.